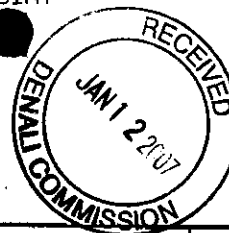


# FINANCIAL STATUS REPORT (Short Form)

(Follow instructions on the back)



1. Federal Agency and Organizational Element to Which Report is Submitted <b>Denali Commission</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency <b>#158-05</b>		OMB Approval No. <b>0348-0038</b>	Page of <b>1 1</b> pages
3. Recipient Organization (Name and complete address, including ZIP code) <b>City of Sand Point P.O. Box 249 - Sand Point, Alaska 99661</b>					
4. Employer Identification Number <b>92-0038128</b>		5. Recipient Account Number or Identifying Number <b>DUNS # 002286235</b>		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) <b>2/1/2005</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>7/1/2006</b>		7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	
To: (Month, Day, Year) <b>7/1/2006</b>		To: (Month, Day, Year) <b>11/3/2006</b>			
10. Transactions:					
		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		190,000.00	0.00	190,000.00	
b. Recipient share of outlays		115,000.00	0.00	115,000.00	
c. Federal share of outlays		75,000.00	0.00	75,000.00	
d. Total unliquidated obligations					
e. Recipient share of unliquidated obligations					
f. Federal share of unliquidated obligations					
g. Total Federal share (Sum of lines c and f)				75,000.00	
h. Total Federal funds authorized for this funding period				75,000.00	
i. Unobligated balance of Federal funds (Line h minus line g)				0.00	
11. Indirect Expense					
a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
b. Rate		c. Base		d. Total Amount	e. Federal Share
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. <b>Grant has been closed and all funds expended</b>					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title <b>Paul R. Day - City Administrator</b>				Telephone (Area code, number and extension) <b>907 274-7651</b>	
Signature of Authorized Certifying Official 				Date Report Submitted <b>January 12, 2007</b>	



# ACCEPTED